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ABSTRACT

This digest discusses the assessment of children who are deaf or hard of hearing. Topics addressed include: (1) the purpose of an assessment of children who are deaf or hard of hearing; (2) problems associated with assessment, including the diagnostician's lack of experience with the deaf population, communication problems, tests that are normed on typical children, interpretation of test results, and assessments carried out in isolation; (3) qualifications for the examiner who conducts such an assessment, including credentials to administer formal tests used in the assessment, familiarity with the effects of hearing loss on test and classroom performance, experience with intervention with children who are deaf or hard of hearing, the ability to communicate effectively with the child, parents, and teachers, and access to previous assessment and educational information relating to the child being tested; (4) the benefits of assessment; (5) the limitations of assessment; and (6) questions that need to be asked during the assessment, including why the assessment is being done and how results will be used, how environmental and other factors influence the assessment, how findings of other diagnosticians fit with these test results, and what community resources are available to implement the recommendations from the assessment. Contains 11 references. (CR)



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# Educating Children Who Are Deaf or Hard of Hearing: Assessment

Malinda Eccarius

**What is the purpose of an assessment of children who are deaf or hard of hearing?**

The education of children who are deaf or hard of hearing is a complex process. Appropriate placement, mode through which they learn best (auditory, visual, or tactile), curriculum, amplification, and decisions about transition from service to service that families, schools, and individuals make depend on reliable information. Assessment results should provide decision makers with information from a variety of sources. The communication, academic, intellectual, medical, and audiological characteristics of a child combine to create an interconnected pattern of strengths and needs that parents and teachers must translate into classroom goals and objectives. When assessment information serves as the basis for planning of a child's daily program, it serves its primary purpose. The most common purposes for assessment of children who are deaf or hard of hearing include:

1. Establishing a baseline level of performance.
2. Determining an appropriate placement or change in placement.
3. Measuring progress (including legally required assessment such as three-year re-evaluations).
4. Suggesting solutions to identified problems such as behavior, attention difficulties, or slow progress.
5. Developing goals and objectives when reviewing a program.

A diagnostician who can administer a valid assessment and provide results that serve the stated purpose of an evaluation must have adequate experience with this low incidence population. Gaining that experience, particularly in small school districts or rural special education agencies, can be very difficult. Assessment needs can take many forms, from administration of standardized tests in a clinical setting to classroom observation. The population of children who are deaf or hard of hearing is quite diverse. Children who are deaf and hard of hearing differ widely in their home environments, the cause and extent of hearing loss, language development history, and the existence of complicating factors (e.g., mental retardation, motor or visual limitations, learning difficulties). Most diagnosticians are not likely to have repeated experience in the assessment of such a range of individual differences.

**What are some problems associated with assessment?**

The following problems can also influence the accuracy and usefulness of assessment results:

1. Diagnosticians may not have the credentials or experience with the deaf population needed to obtain valid results or produce programming recommendations. A degree in psychometry (i.e., administering tests) or psychology, deaf education, or speech-language pathology does not ensure that the examiner has the skills needed to evaluate children who are deaf or hard of hearing.
2. In some cases, diagnosticians are unable to communicate with their clients. A child who is deaf or hard of hearing may use one of several different communication languages or modalities. In the United States these include: speech and listening, cued speech, American Sign Language, a form of Manually Coded English, or a combination of any of these. Limited fluency in only one English sign system or American Sign Language may not be sufficient for an examiner to see any signing child without an interpreter qualified to use the child's language. In addition, the inexperienced speaking examiner may be unaware of the special communication requirements of children who are deaf or hard of hearing and who are communicating through spoken language.
3. The results of tests that are normed on or compared to children who hear may not be valid for the child who is deaf or hard of hearing, yet tests normed on students who are deaf or hard of hearing say little about a child's actual progress toward established academic and linguistic standards, especially when compared to classmates who are mainstreamed.
4. A child's performance on an isolated task presented by a stranger will rarely be comparable to that child's performance in a classroom during a familiar activity.
5. Interpretation of test results depends on the knowledge and experience of the evaluation team. Professionals who are very familiar with a child may be overly generous, while those with insufficient information may erroneously estimate the child's capabilities.
6. Results of various assessment types must be viewed together. Understanding academic test performance depends on knowing communication and intellectual assessment results. Behavior can be evaluated adequately only if the psychologist knows the child's language and academic limitations in his or her current placement. When individual assessments are carried out in isolation, integrated results may not be available before important decisions are made.
7. The multidisciplinary team (a team of individuals with different areas of expertise) developing an individualized educational program (IEP) based on assessment results sometimes does not include professionals trained in education of children who are deaf or hard of hearing or may use consultants in that field who are unfamiliar with the child being assessed, which may lead to inappropriate or unrealistic goals and objectives.

**Who does an assessment?**

Ideally, the examiner for a child who is deaf or hard of hearing child will:

1. Have the credentials to administer the formal tests used in the assessment (for example, teachers for academic testing,

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speech-language pathologist for communication, psychologist for intellectual, adaptive behavior, and behavioral assessment).
2. Be familiar with the effects of hearing loss on test and classroom performance.
3. Have experience with intervention as a teacher, speech-language pathologist, or psychologist/counselor for children who are deaf or hard of hearing.
4. Be able to communicate effectively with the child, parents, and teachers during and after the assessment, with or without an interpreter.
5. Have access to previous assessment information and educational history relating to the child being tested.

**What are the benefits of assessment?**

Through lack of assessment, some deaf students have reached high school age without learning to read, have developed behavior problems through long-term frustration with inappropriate placement, or have been inadequately challenged. An appropriate assessment can avoid these problems by:

1. Validating or questioning the concerns of parents and teachers about a child's performance level or progress.
2. Indicating areas of strength and weakness for further diagnostic teaching or observation.
3. Identifying and helping to resolve conflicts among parents and professionals by suggesting solutions based on the best interests of the child.
4. Providing information that can be directly incorporated into a student's (IEP).

**What are the limitations of assessment?**

Assessment is a tool that helps parents and professionals provide a child who is deaf or hard of hearing with the best possible educational and developmental opportunities. However, assessment by itself will not accomplish that purpose, and limitations of assessment include the following:

1. Assessment cannot specifically pinpoint age and grade levels comparable to those assigned to normally hearing children. Age equivalent and grade equivalent scores on tests have very limited relationship to the daily classroom performance of a child who is deaf or hard of hearing.
2. The usefulness of assessment results is often limited by the qualifications of the examiners or by missing information. Appropriate recommendations based on assessment data depend on the examiner's ability to interpret the results.
3. Assessment cannot replace, only supplement, daily observation and parent/teacher judgment.

**What questions need to be asked during the assessment?**

Examiners and parents need to ask:

1. What are the diagnostic questions at the time of this evaluation? Why is it being done and how will the results be used?
2. How did environmental factors, the child's behavior, and the child's familiarity with the examiner influence the reliability and validity of this assessment?
3. How do the findings of other diagnosticians fit with these test results to create a comprehensive picture of the whole child?
4. What are the resources available in the child's community to implement the recommendations from this assessment?

**References and Additional Resources**


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Salvia, J. & Ysseldyke, J. (1988). *Assessment in special and remedial education (4th Edition).* Boston: Houghton-Mifflin.

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Assessments are offered by local school districts and area special education agencies, private and state schools for the deaf, universities with deaf education and speech-pathology departments, and private hospitals and clinics. Parents and school personnel should talk directly with the evaluation team members or the team administrator before making a decision about where to have an assessment completed. The following centers specialize in assessment using a particular communication modality.

Boys Town National Research Hospital (BTNRH), 555 N. 30th St., Omaha, NE 68131, (402) 498-6548 (V) or (402) 498-6696 (TTY).

Southern California Assessment Center for the Deaf, 3044 Horace, Riverside, CA 92506, (909) 782-6542 (V/TTY).

Central Institute for the Deaf (CID), 818 S. Euclid Ave., St. Louis, MO 63110, (314) 977-0100 or (314) 977-0156.

National Assessment Center for Deaf and Hard of Hearing Children and Youth, Kendall Demonstration Elementary School, 800 Florida Avenue, NE, Washington, DC 20002, (202) 651-5031 (V/TTY).

New York League for the Hard of Hearing, 71 West 23rd St., New York, NY 10010, (212) 741-7650 (V) or (212) 255-1932 (TTY).

Northern California Assessment Center for the Deaf, 39350 Gallaudet Dr., Fremont, CA 94538, (510) 794-3737.


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